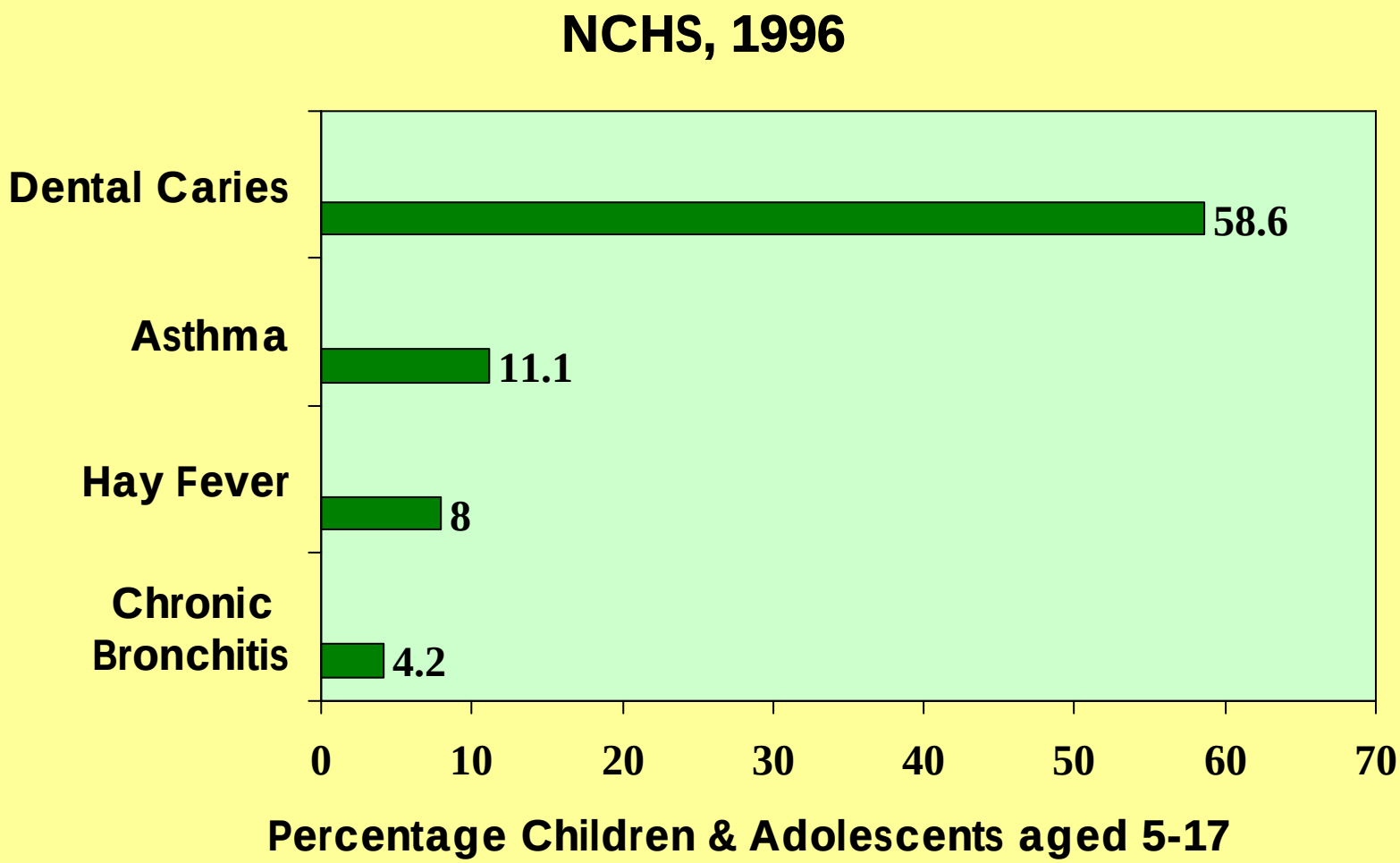
Oral Health Status and Access Disparities in US and Maryland Children

Harford County Council
Board of Health Meeting

May 13, 2008

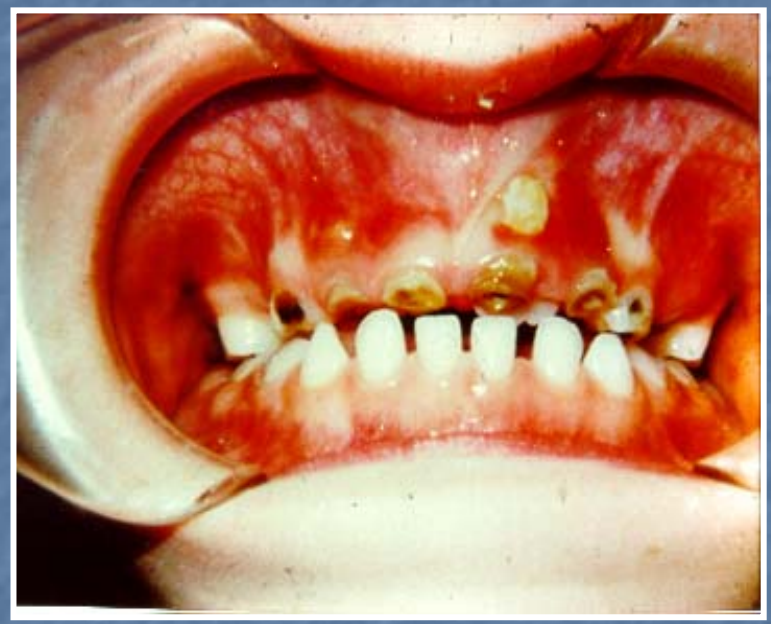
Dr. Harry Goodman, Director
Office of Oral Health
Department of Health and Mental Hygiene
Jarrettsville, MD

Why Should We Care About Oral Health?



They are "just baby teeth", but this oral health damage can be permanent plus…

Infections from these decayed teeth can:

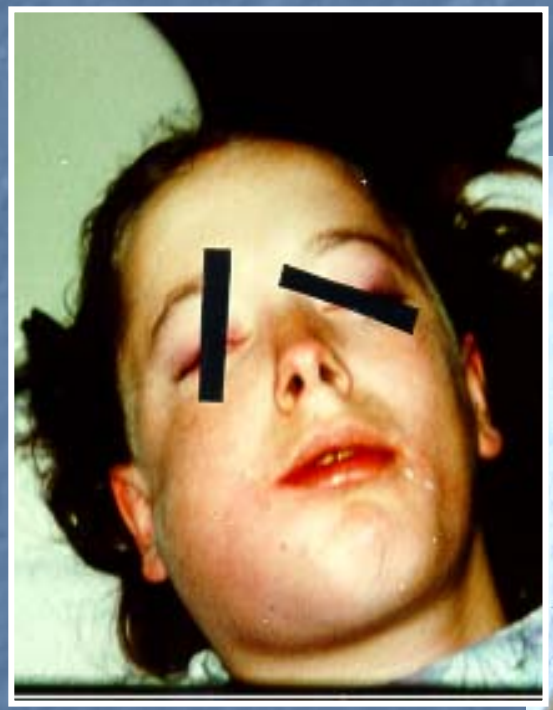


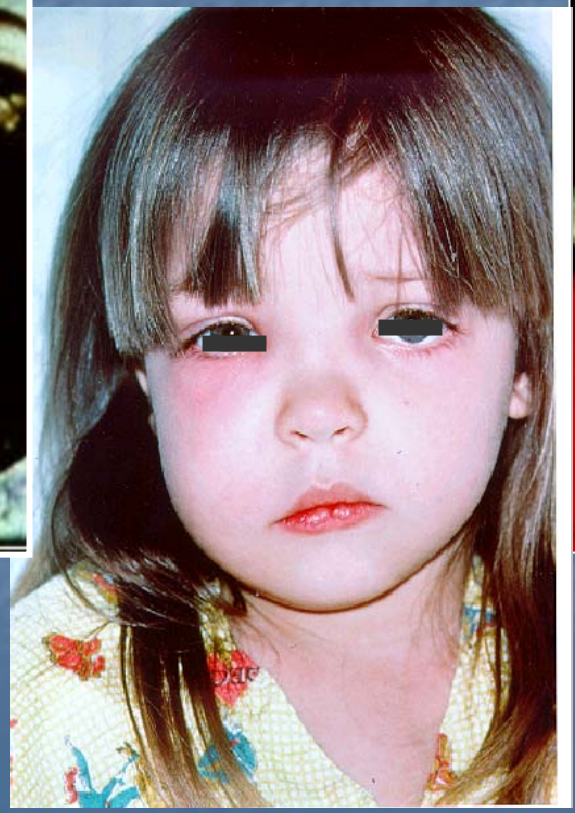
- Cause permanent damage to their adult successors
- Inhibit nutrition and physical development
- Keep a child up at night

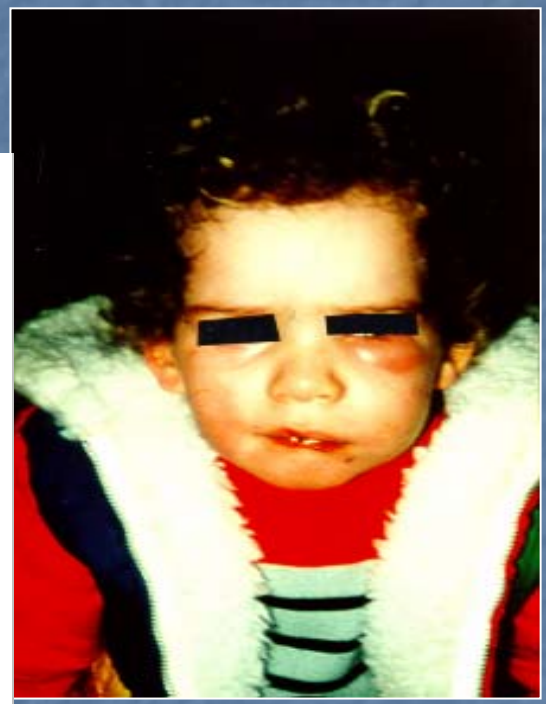
…it can cost the State but even more importantly…

- Average Medicaid cost (to State) for dental cavity preventive services = <$100/year
- Cost of treating a child in a hospital operating room
  - Est. Medicaid cost = $5,000/case
- Cost of treatment in a hospital emergency room
  - Est. Medicaid cost = $300/visit
    - Child usually only receives pain and/or infection medication
    - Child usually does NOT receive dental treatment
    - Child may return for the SAME problem numerous times at the SAME cost to the State

…it also can cause serious illness…







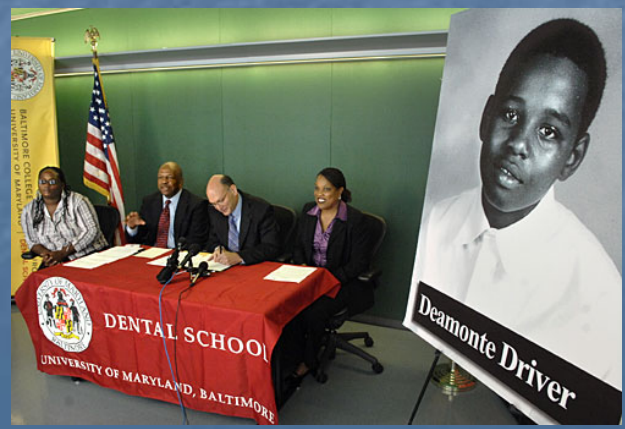
…and even cause death

For Want of a Dentist

Pr. George's Boy Dies After Bacteria From Tooth Spread to Brain

By Mary Otto

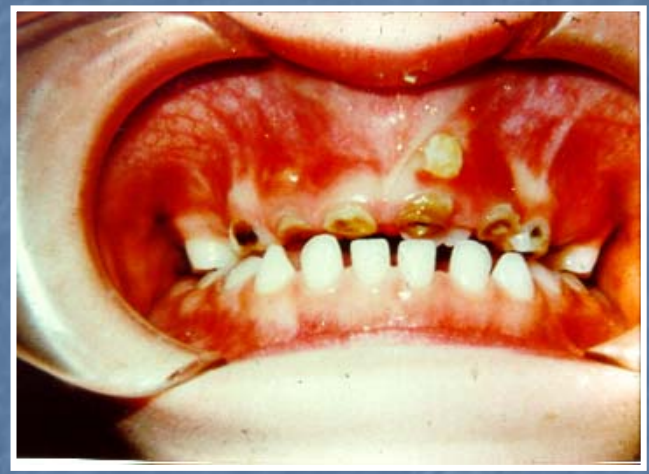
Washington Post
Wednesday, February 28, 2007



Twelve-year-old Deamonte Driver died of a toothache Sunday…

Oral Health Care Problems for Poor Children in Maryland

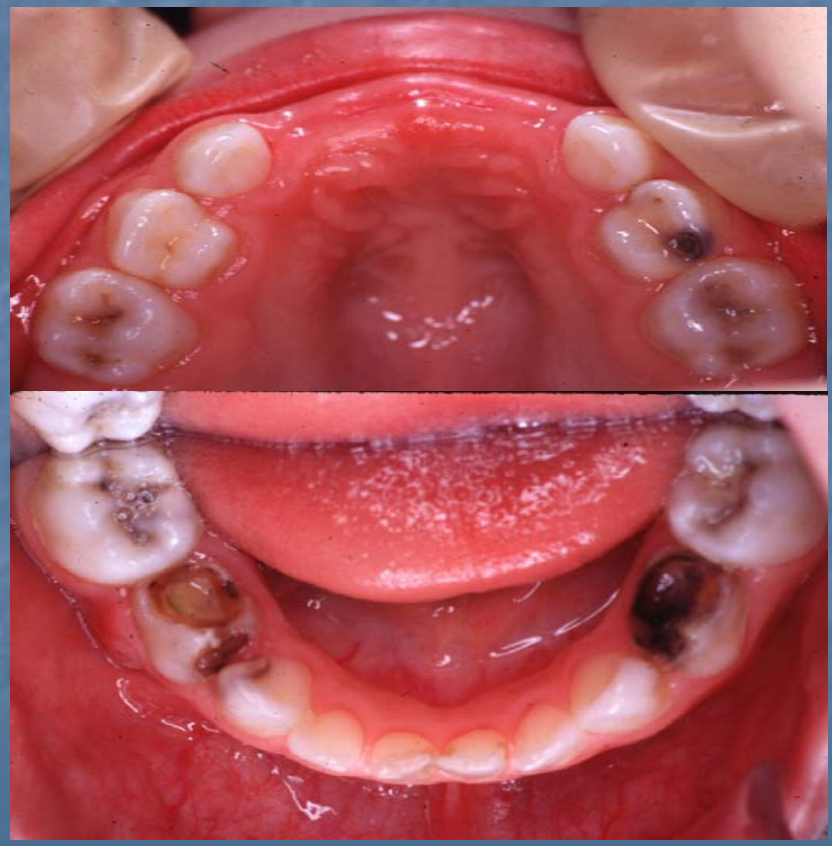
- 31% of Maryland's Kindergarten and 3rd Graders have had dental caries with untreated decay
  - Eastern Shore with highest untreated decay
- Non-Hispanic Black school children were more likely to have at least one tooth with dental caries than Non-Hispanic White children.
- Other characteristics of school children with at least one tooth with dental decay:
  - Living in households eligible for free and reduced meals;
  - With a parent/caregiver who did not graduate from college;
  - Covered by Medicaid dental coverage
  - No private dental insurance coverage;
  - Prior dental caries experience in the past 12 months;
  - No treatment for dental caries in the past 12 months.



Manski R., Chen, H., Chenette, R.R., and Coller, S., Survey Of The Oral Health Status Of Maryland School Children 2005-2006. Family Health Administration, Maryland Department of Health & Mental Hygiene; Baltimore, Maryland 2007.

Oral Health Care Problems for Head Start Children in Maryland

- 55% with caries experience
- 96% untreated decay of those with caries experience (52% total)
- 17% of children with caries experience complained of pain
- Of children with untreated decay, 17% of parents aware of condition
- Most common reason for not visiting a dentist was child was too young (42% of those with no visits)

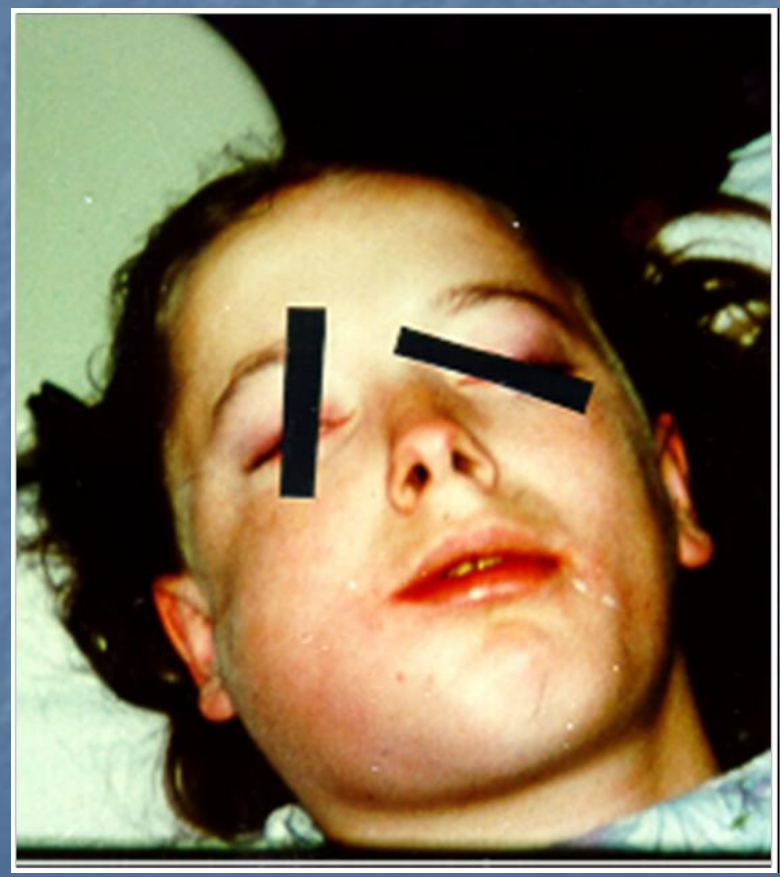


DHMH/UMD Dental School, Survey of Oral Health Status of Maryland's Head Start Children, 2000 (Vargas and Tinanoff)

Dental Caries Disparities

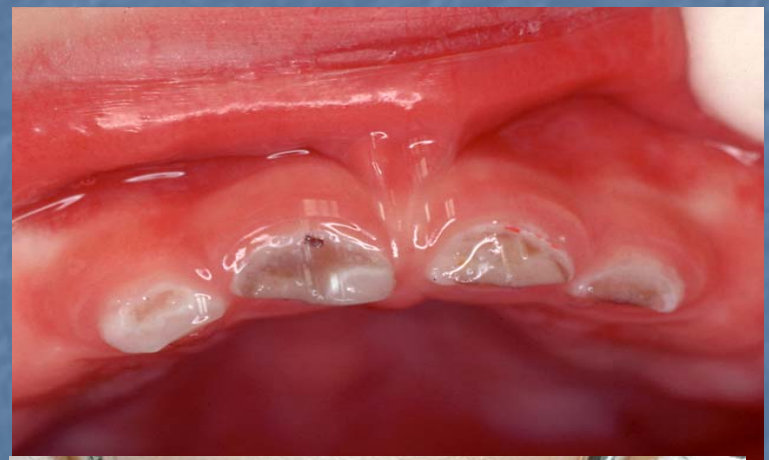
80% of tooth decay is found in 25% of children

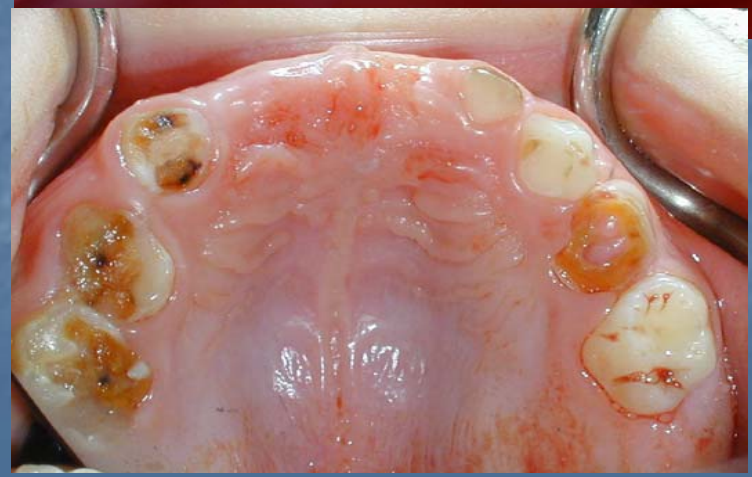
- Poor
- African-American/Hispanic
- Low Education
- Poor Access



Tooth Decay
Children

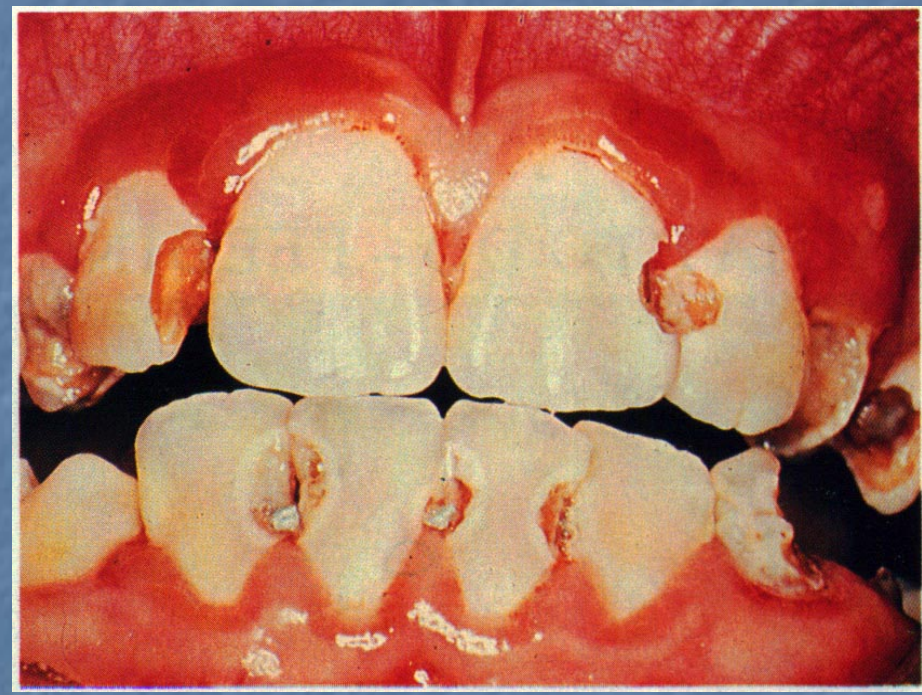
- Infectious disease
- Difficult to treat
- Costly to treat
- Significant public health issue
- Preventable
- Covered by Medicaid



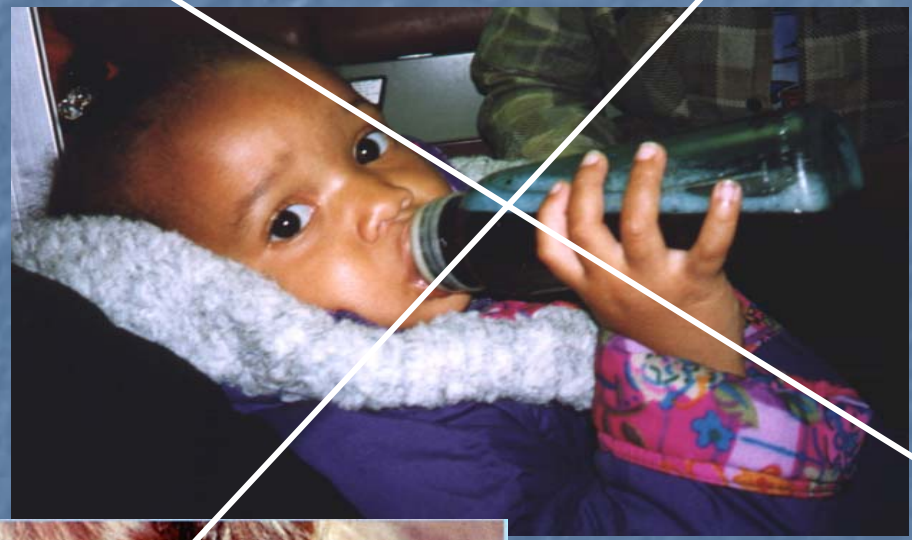


Tooth Decay
Adults

- Infectious disease
- Difficult to treat
- More costly to treat
- Significant public health issue
- Preventable
- Not covered by Medicaid or Medicare



Tooth Decay Easy to Prevent



Infectious Disease

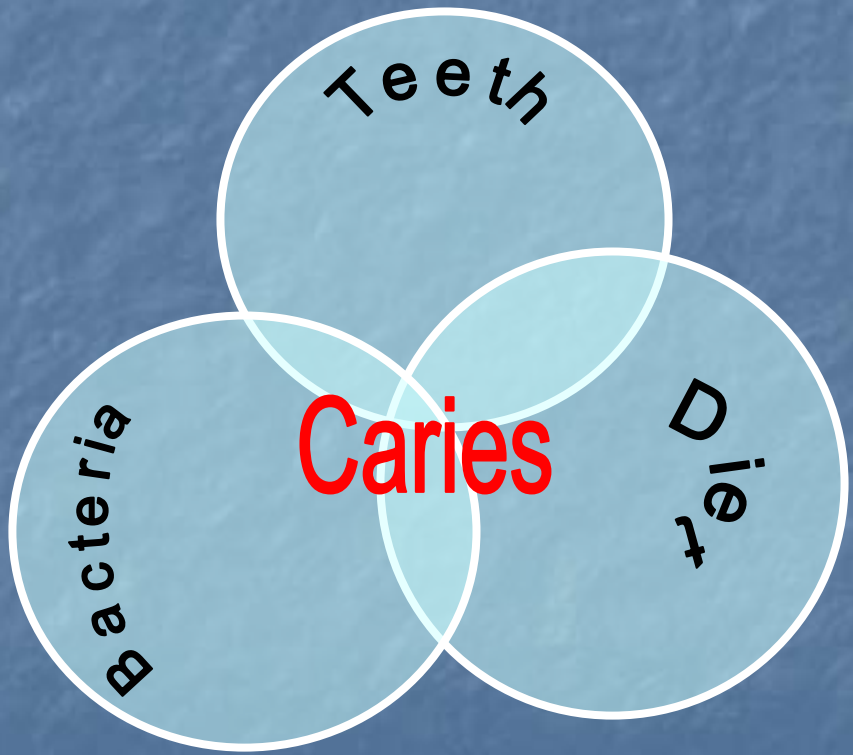
Baby Catching Germs (Bacteria) from Mother

Sharing toothbrushes, utensils, or food

Origin of Dental Cavities

Enamel developmental defects

Lack of topical FLUORIDE



Early infection with MS

Poor oral HYGIENE

Poor DIET choices

Early Intervention

~~First Dental Visit~~
~~at 3 years of age?~~

Critical period:
~6 months to ~3 years of age

See the child before tooth decay starts (by eruption of first tooth or first birthday)

Preferred Solutions
Early Intervention
Risk Assessment
Anticipatory Guidance
(for Prevention and Education)

Dental Access Barriers
U.S./Maryland - Medicaid/SCHIP

- Low dentist participation: ~ 10% in Maryland (even lower for specialists). WHY?
  - Lower than market-value reimbursement
  - Dentists are busy
  - Dissatisfaction with (or no need for) managed care
  - Bureaucratic issues
    - Late payment
    - Paperwork
    - Credentialing/cumbersome applications
  - High "no-show" rate by patients
    - Lack of perceived need
    - Poor awareness
- Transportation
- Poor funding for Medicaid dental program

Statewide Insufficient Public Health Infrastructure

12/24 counties no health department dental clinic; only 8/24 FQHCs.

County	Local Health Department Clinic	Community Health Centers
Allegany	On Site	None
Anne Arundel	On Site	None
Baltimore City	On Site	So. Baltimore, Total Health, Chase Brexton, Parkwest, People's Comm., BMS
Baltimore County	On Site	Chase Brexton
Calvert	None	None
Caroline	None	Choptank
Carroll	On Site	None
Cecil	[1]None	None
Charles	On Site	Nanjemoy
Dorchester	None	Choptank
Frederick	On Site	None
Garrett	On Site	None
Harford	On Site	None
Howard	On Site	None
Kent	None	None
Montgomery	On Site	None
Pr. George's	On Site	Greater Baden
Queen Anne's	None	None
Somerset	None	TLC
St. Mary's	None	None
Talbot	None	Choptank
Washington	On Site	Walnut Street
Wicomico	On Site	Urgent, Community
Worcester	None	None

1 University of Maryland Dental School Satellite Clinic

State Interest

- New State Dentist Position
- DHMH Dental Action Committee (DAC)
  - Commissioned by DHMH (Health) Secretary John Colmers
    - Education and Outreach
    - Public Health Infrastructure and Programs
    - Medicaid and Access
    - Provider Incentives/Scope of Practice

Dental Action Committee
7 Main Recommendations

- **Single payer** dental Medicaid program
- **Increase reimbursement rates** (indexed by inflation) to commonly approved standard
- Increase the dental public health infrastructure (**fund the Oral Health Safety Net Bill**)
- **Expand the role of dental hygienists** in public health practice – public health dental hygienist
- **Pediatric dental training of general dentists** and pediatricians/family medicine physicians
- Oral health **assessment prior to school** entrance
- **Unified educational program** themes targeted to various audiences

Dental Action Committee
7 Main Recommendations

- All recommendations supported by Governor O'Malley and DHMH Secretary Colmers
- Medicaid and dental public health infrastructure funding in Governor's FY 09 budget

Medicaid Single Dental Vendor

- DHMH to issue an RFP for a single statewide vendor for Medicaid dental services summer 2008
- Single vendor program awarded and implemented by July 2009

Increase Medicaid Dental Reimbursement Rates

- Medicaid rates to be increased to the 50th percentile of ADA South Atlantic region charges
- Incremental 3-year installment approach designed to attract dental providers
- First installment (FY 2009 Budget) - $14M (state and federal match)

Scope of Practice: Public Health Dental Hygienist

- Creation of a new "Public Health Dental Hygienist" category to enhance the effectiveness of public health dental programs
- SB 818/HB 1280 – passed unanimously in the 2008 Maryland General Assembly

Training for Healthcare Providers

- "Mini-residency" program and other continuing education efforts already underway by the University of Maryland Dental School
- Over 150 general dentists and pediatricians already trained
- Plans underway for Medicaid to reimburse pediatricians to apply fluoride to young children

Dental Screenings in Public Schools

- 1-year planning needed in partnership with the Maryland State Department of Education and the Dental Action Committee Subcommittee
- Proposed plans to initiate pilot screening programs
- Will likely need legislation for the 2009 legislative session

Unified Oral Health Message

- Office of Oral Health working with the National Maternal and Child Oral Health Resource Center
- Dental Action Subcommittee working on this
- Department will still need to seek outside funding

Enhance Dental Public Health Infrastructure

- New funding - $2.1M - to the DHMH Office of Oral Health
  - Establishment of new dental public health clinics through local health departments
  - Enhancements and operational support for existing local health department programs
  - Establishment of school oral health programs

Harford County Health Department
New Dental Program

- As of 2006, out of 15,376 children, only 29.3% (4,506) of eligible Harford County children received at least one dental visit of any sort
  - Matches state average
- Only 6 Harford County dentists billed $10,000 or more in Medicaid
  - Few dentists in Harford County participate in Medicaid program
- New LHD dental program is the only program of its type in Harford County serving low-income populations
- Consistent with Dental Action Committee recommendations and State Oral Health Plan
- Supported by the local dental and dental hygiene societies
- Absolutely needed